

County of Los Angeles – Department of Mental Health  
Service Area 3

Quality Improvement Committee Meeting

May 15, 2013

9:30 – 11:30 am

**AGENDA**

- |     |                           |                   |
|-----|---------------------------|-------------------|
| I   | Welcome and Introductions | Bertrand Levesque |
| II  | Review of the Minutes     | Bertrand Levesque |
| III | Agency QI/QA Process      | Bertrand Levesque |
| IV  | Questions and Answer      | Bertrand Levesque |

**Quality Improvement**

- |     |                            |                   |
|-----|----------------------------|-------------------|
| I   | Cultural Competency        | Elizabeth Owens   |
| II  | Test Calls Project         | Mary Crosby       |
| III | Psychiatrist Peer Review   | Elizabeth Owens   |
| IV  | Request to Change Provider | Bertrand Levesque |

**Quality Assurance**

- |      |                                      |                   |
|------|--------------------------------------|-------------------|
| I    | HIPAA Privacy                        | Bertrand Levesque |
| II   | Child Co-Occurring Forms             | Gassia Ekizian    |
|      | - Required or Optional Forms         | Bertrand Levesque |
| III  | Laws that are new or revised         | Gassia Ekizian    |
| IV   | Patients Rights information          | Gassia Ekizian    |
| V    | IBHIS Practitioner Enrollment/NPPES  | Bertrand Levesque |
| VI   | LPCC – Providers, Procedure Code     | Bertrand Levesque |
| VII  | 104.09 Clinical Documentation Policy | Bertrand Levesque |
| VIII | Provider Chart Review                | Gassia Ekizian    |

**Other Issues**

- |      |                                    |                   |
|------|------------------------------------|-------------------|
| II   | Audit                              | Gassia Ekizian    |
| IV   | Nursing DSM Training and Policy-DO | Bertrand Levesque |
| V    | Day Treatment workgroup            | Bertrand Levesque |
| VI   | PEI Claiming Guide Update          | Bertrand Levesque |
| VIII | Announcement                       | Members           |
| IX   | Sign-In Sheet Reminder             | Bertrand Levesque |
| X    | Adjournment                        | Bertrand Levesque |

**Next Meeting: June 19, 2013 @Enki, 3208 Rosemead Blvd,  
2<sup>nd</sup> Floor, El Monte, Ca. 91731**

**PLEASE PARK AT THE LOWER LEVEL – PARKING LOT**

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**  
**Service Area 3**  
**Quality Improvement Committee Meeting**  
**May 15, 2013**

Misty Aronoff	<b>ALMA</b>	Gassia Ekizian	<b>Foothill Family</b>
Gloria Santos	<b>Almansor MH</b>	Stella Tam	<b>Heritage Clinic</b>
Makan Emadi	<b>Arcadia MH</b>	Beth Foster	<b>Hillsides</b>
Alice Chin	<b>Arcadia MH</b>	Lauren Strine	<b>Homes for Life</b>
Fernando Reyes	<b>Bienvenidos</b>	Poonam Natha	<b>Leroy Haynes Center</b>
Lucia Lopez-Plunkett	<b>Bienvenidos</b>	Barbara Negron	<b>Leroy Haynes Center</b>
Angela Boyd	<b>Bienvenidos</b>	Mary CiFuentes	<b>Maryvale</b>
Leslie Shrager	<b>Children's Bureau</b>	Karla Martinez	<b>Maryvale</b>
Hanh Truong	<b>Crittenton</b>	Rosa Hernandez	<b>Pacific Clinics</b>
Paula Randle	<b>David &amp; Margaret</b>	Claudia Williams	<b>Prototypes I-Can</b>
Bertrand Levesque	<b>DMH</b>	Rebecca deKeyser	<b>San Gab. Children's Ctr</b>
Mary Crosby	<b>DMH</b>	Viola Bernal	<b>Social Model Recovery</b>
Nancy Uberto	<b>D'Veal</b>	Rose Kosyan	<b>SPIRITT</b>
Chiquita Waters	<b>D'Veal</b>	Elizabeth Owens	<b>Tri-City MH</b>
Michelle Hernandez	<b>ENKI</b>	Luis Garcia	<b>Tri-City MH</b>
Windy Luna-Perez	<b>Etti Lee Homes</b>	Natalie Stewart	<b>Tri-City MH</b>
Cammie Jones	<b>Five Acres</b>		

**WELCOME**

Bertrand Levesque welcomed the group at 9:30 am, followed by self introductions.

**REVIEW OF THE MINUTES**

The minutes were reviewed and accepted with some corrections. 1: Beth Foster from Hillsides was not present at the meeting on April 17, 2013. 2: Michelle Hernandez from ENKI made corrections to the Quality Assurance process that she presented on the April 17, 2013. The minutes were accepted by Mary CiFuentes and seconded by Rebecca de Keyser.

**AGENCY QI/QA PROCESS**

**HILLSIDES – Beth Foster**

**Chart Review Frequency:**

- Residential Programs receive 100% review
- Outpatient Program receive 40% review

**Chart Review Process:**

- Reviews are conducted quarterly for every program
- Service providers will review other charts (not their own)
- Chart Review findings are written up and sent to the appropriate provider
- Use chart reviews and chart monitoring by supervisors in order to keep up with Annual Assessments and CCCPs.
- The chart review process also serves as further training. Staff complete an 8 page chart tool where staff are able to ask questions for further learning

**Quality Assurance Structure:**

- Agency is starting to rethink and restructure the work flow and arrangement for how QA and Billing intersect.
- Quality Assurance sends out a "QA Tip of the Week". These tips are based on information obtained in chart reviews and audits.



- Quality Assurance disseminates information obtained in the Service Area 3 Quality Improvement Meetings by providing handouts and notes to program managers.
- Started a quality assurance committee. Meetings are held monthly for 90 minutes.

#### Staff Motivation/Morale Efforts:

- Verbal praise/recognition is offered when staff members perform well. Also provide appreciation incentives, such as staff breakfasts, and/or baked goods from director.

### **CRITTENTON – Hanh Truong**

#### Chart Review Frequency:

- Wrap Around Program Charts are reviewed every other month.
- Residential Program charts are reviewed every month.

#### Site Reviews:

- Site reviews are conducted by a team of people, which includes the Vice President of Mental Health, the QA/QI department, Facilities, and Safety. This team will go to all locations for full site audits.

#### Chart Reviews:

- Site Reviews: Files are randomly selected and the clinician needs to be present during the review to provide information requested by reviewers. Findings from chart reviews are shared with the corporate office, with supervisors, and with the team.
- Peer Reviews: Peer Reviews occur in group supervision.
- Self Audits: Quality Assurance sends lists that track dates for admit, initial, 30 day, 60 day, and annual. Quality Assurance will track and report to corporate which audits are done, and which are outstanding.

#### Quality Assurance Process:

- Quality Assurance sends out a client information log every Wednesday. Any changes that are needed to this information must be submitted 2:00pm on Wednesdays. Updates for due/overdue/completed Annual Assessments and CCCPs are made every week.
- Quality Assurance attends service area 3, 6, and 7 meetings. Each meeting representative provides updates to the Vice President and maintains all files written information.
- Quality Assurance sends out a newsletter to service providers with necessary information and updates related to compliance.

#### Staff Motivation:

- Staff have a yearly evaluation where a merit increase is possible.
- Weekly awards are given for performance; these are compiled for prizes.
- Staff Banquets to help show appreciation.
- Recognitions are provided for years of service with the agency.

### **QUALITY IMPROVEMENT – Elizabeth Owens**

#### **Cultural Competency**

Meet every 2<sup>nd</sup> Wednesday of the month

Location: 695 S. Vermont, 15<sup>th</sup> Floor Conference Room.

Next Meeting is June 12, 2013 from 1:30pm – 3:30pm

Contact: Sandra Chang-Ptasinski

(213) 251-6851

[schang@dmh.lacounty.gov](mailto:schang@dmh.lacounty.gov)

Service Area 3 Member Luis Garcia attended the meeting. Meeting Agenda Topics Included: 1. Under Represented Ethnic Populations (UREP) and 2. DMH Integrated Services Management model – ISM

### **Test Calls Project – Mary Crosby**

Presented the Test Call Project and requested assistance from agencies in Service Area 3. Test calls are required by the state and occur every year. The process of test calling is in place to determine if access center is functioning appropriately.

Each Service Area will complete 10 total calls: Five in the English language and 5 in a non-English language. Service Area 3 calls will take place between 6/23/2013 – 6/29/2013.

### **Psychiatrist Peer Review**

- Medication Regimens of 22 Directly-Operated Mental Health Centers (MHCs) were reviewed for indigent clients in the month of June 2012
- The review focused on two main areas:
  - To examine the regimens of clients who were prescribed 5 or more concurrent psychotropic medications.
  - To monitor compliance with the required Outpatient Medication Review.
- Please see the “2012 Peer Review Summary of Findings” for detailed statistical information.

### **Request to Change Provider**

Bertrand passed around the requests to change provider information for individual agencies to review.

### **Initial Contact Log**

Bertrand reviewed and passed around the Initial Contact Log. As of now, there is not an official Initial Contact Log. Bertrand will compile information to create a log for Service Area 3.

### **QUALITY ASSURANCE – Bertrand Levesque**

#### **HIPAA Privacy**

The group reviewed the January 15, 2013 letter regarding HIPAA Privacy that was sent to DMH. Agency's are encouraged to carefully review this document, and take this letter your legal counsel to determine if it is a practice that you need to implement at your clinic.

#### **Child Co-Occurring Forms**

New Clinical Records Bulletin available for revised Co-Occurring Disorder Forms for Children/Adolescents: See Clinical Records Bulletin Edition 2013-01

#### **Laws that are new or revised**

See handout for the list of Laws that are now revised. Please review and speak to your agency attorney regarding implementation of these Laws.

#### **Patients Rights Information**

- It is essential that all agencies provide every client the Guide to Mental Health Services and the SA 3 provider directory at intake.
- It is best practice that these forms are personally given to client's rather than just available in waiting rooms.
- It is also essential to provide the Grievance brochures to clients and they need to be available to both outpatient and field based clients.
- It is best practice to document when these forms are provided to a client.
- DMH QA will be reviewing necessary procedures and creating a QA bulletin for this topic.
- These items can be requested from the DMH Warehouse. Contact Patient Rights if you have questions.

#### **LPCC – Providers, Procedure Codes**

The Procedure Code Manual will be updated to include Licensed Professional Clinical Counselors (LPCC). The position of DMH remains unchanged related to the hiring of LPCCs.



### **IBHIS Practitioner Enrollment/NPPES**

Reviewed the list of agencies that have not started the process of legal entity practitioner enrolment. Dr. Levesque reminded all attendees that this must be done by June.

### **Provider Chart Review**

- DMH QA will again start doing chart reviews for directly operated clinics as a result of the recent audit. In the Clinical Documentation Policy there will be language about oversight the contractors must have. The language will state that all Legal Entities must have a QA protocol that is 1) written and 2) includes a review of charts.

### **OTHER ISSUES**

#### **Auditor Controller Audit Update- Foothill Family Services – Gassia Ekizian**

##### **Findings Update:**

- Annual Assessments and Initial Assessments were given the same weight. Annuals need to be very clear in justifying medical necessity. Foothill Family Service QA is putting procedures in place to very closely monitor the medical necessity for services that are provided over a year.
- When symptoms are documented, there needs to be more objective description of the symptoms stated. Must explain symptom onset, duration, frequency, times of occurrence, how the symptoms manifest, etc.
- Few Disallowances – The few disallowances were for Crisis notes. All crisis notes must state why there is a crisis and why that service urgently needed to be provided on that day. Staff will need to distinguish Psychotherapy in Crisis vs. Crisis Intervention.

### **Day Treatment workgroup**

The workgroup has met twice and will meet one final time to finalize the form.

### **Announcement**

There will be no COS training until the committee has decided on form changes.

### **Sign-In Sheet Reminder**

Remember to carefully review your contact information or that of your agency and update the sign-in sheet on a regular basis.

### **Adjournment**

Bertrand thanked everyone for attending and adjourned the meeting at 11:30am

**Minutes recorded by:** Natalie Majors-Stewart  
Quality Improvement Committee

**Minutes approved by:** Bertrand Levesque, Gassia Ekizian, Elizabeth Owens  
Quality Improvement Committee

### **Next Meeting:**

The next meeting will be June 19, 2013 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2<sup>nd</sup> Floor, El Monte, CA 91731. Telephone: (626) 227-7014.